PMH11

UTILIZATION REVIEW OF SSRI THERAPY AT A MENTAL HEALTH MANAGED CARE ORGANIZATION.

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In an era of cost containment, psychiatric drug formularies often limit choice of first-line selective serotonin reuptake inhibitors (SSRI) in the treatment of depression.
OBJECTIVES: Most patients in this study belong to one of three managed care systems with varying drug formularies. The purpose of this study was to describe treatment events and utilization of services by patients with depression initially prescribed one of three SSRIs in a "treatment as usual" setting.
METHODS: Patients with major depression were identified in the organization database. Retrospective chart reviews determined patient demographics, frequency of adverse events, attrition rate, and utilization of services over a six-month period following initiation of therapy.
RESULTS: One-hundred forty charts were reviewed. SSRIs were equally prescribed. The mean age of patients was 39.5, (sd = 14.1). Approximately 38% were Hispanic. Approximately 41% had prior SSRI therapy. Prescribers tended to follow restricted formularies but showed no preference with an open formulary. Chi-square analyses revealed that among the SSRIs, there was no difference in attrition or in reports that patients had at least one adverse effect. On average, patients received 2.3 prescriber visits during the initial six months of therapy, with no significant difference by SSRI.
CONCLUSIONS: Preliminary evidence suggests no difference in the number of outpatient prescriber visits, attrition rates, or reports of at least one adverse effect among the three SSRIs. Further analysis will examine frequency of patients who switched from initial SSRI to another antidepressant. The results of this study are limited by small sample size, non-randomization of patients, and data derived from documentation in medical records. Future research will prospectively measure symptomatology of depression, along with utilization of services and treatment events.

PMH12

TEXAS MEDICATION ALGORITHM PROJECT: FEASIBILITY STUDY OF IMPLEMENTING MEDICATION ALGORITHMS IN THE PUBLIC MENTAL HEALTH SECTOR

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OBJECTIVE: The aim of this study was to determine the feasibility and suitability of implementing consensually derived, evidence based, medication algorithms in the care of patients treated in the public mental health sector.
METHODS: Each of 40 physicians at 16 sites treated 5–15 patients for up to 4 months with one of the algorithms (schizophrenia [SCZ], bipolar disorder [BPD], or major depressive disorder [MDD]). Process measures included visit frequency, staff time, algorithm stages used, time on treatment stage, and medications used. Outcome measures included the Brief Psychiatric Rating Scale (BPRS), Inventory of Depressive Symptoms (IDS), Clinical Global Impression (CGI), and the Multnomah Community Abilities Scale (MCAS).
RESULTS: 222 patients entered the study. Survival rate at 90 days was 75%. Physician time was approximately 40 minutes at the initial visit and 30 minutes at follow-up visits; visits were approximately 3 weeks apart. 52% of patients with SCZ and 55% of patients with BPD had >30% decrease in BPRS score. 38% of patients with MDD had >50% decrease in IDS score. All patient groups except outpatient SCZ had significant improvement on the MCAS. Physician satisfaction was high with nearly 80% of the physicians stating that they would continue using the algorithms.
CONCLUSIONS: Medication algorithms were implemented in the population and in general were associated with good improvement in patient symptoms and function. Major obstacles to widespread implementation are adequate staffing, staff support, and availability of certain medications. Clinical and economic impact of the algorithms are currently being evaluated in a comparative study.

PMH13

DEVELOPING A TASK-BASED INSTRUMENT TO MEASURE MIGRAINE-RELATED PRODUCTIVITY

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Migraine headache is a severe and debilitating disease that is estimated to affect 4 out of 100 Americans. The nature of migraine attacks and the variability in their occurrence have substantial economic implications.
OBJECTIVE: The purpose of this project is to develop a multi-item, task-based instrument to measure the impact of migraine on several domains. The domains include workplace productivity, housekeeping, and impact on leisure activities.
METHODS: An extensive review of the literature was performed to determine methods of assessing migraine-related productivity. Current instruments used in the measurement of disease-related productivity were reviewed for content. Focus groups were held to determine important productivity-related issues to migraineurs. The groups consisted of migraineurs (n = 12) recruited by a research organization and screened with an instrument